STANDARD CERTIFICATE OF POLICE	DEPARTMENT OF HEALTH	_
DEPARTMENT OF COMMERCE DIVISION BUREAU OF CENSUS	OF VITAL STATISTICS State File N	Z68
1. Place of Death: (a) County Maricopa (b) City or Town	Tolleson Tolleson	1207
(d) Length of Steen In 27	(St. & No. (Cr.) V	
(Specify who	ther years, months or days)	W
(d) Street No 1808 Avondale	(It outside city limits	also write RURAL)
3. (a) FULL NAME Mary Louise Sneed	(b) If Veteran (country (Yes	or No)
	name war (c) Social Security No.	
4. Sex 5. Race White Indian Negro or divorced		
a Cincilar Single		- ن م
or wife 6. (c) Age of husband	20. DATE OF DEATH (Month, day and year) 2 TIME (Hour and minute) 2	19 75,
or wife, if aliveyrs.	21. I hereby certify that I attended the deceased from	М.
7. Birthdate of deceased March 1 1945 (Month) (Day) (Year)	19 to	
8. AGE: Years Months Days If less than one day	that I last saw her alive on July 21	, 19
4 21 hrs. min.	and that death occurred on the date and hour stated above.	, 18-(-)
9. Birthplace Phoenix Arizona (City, town or county) (State or Country)	Immediate cause of death.	DUBATION
37	all following span	
	Due to	
11. Industry or Business	non	
12. Name Ira Bell Sneed	Due to	
(City, town or county) (State or Country)		
14. Maiden Name Ruby Dixon	Other conditions.	
15. Birthplace Texas	(Include pregnancy within three months of death) Major findings:	***************************************
(City, town or county) (State or Country)	Oi operations.	PHYSICIAN
16. (a) Informant's own signature Forther Q. B. Sweet	di autopsy	Underline the cause to which death should
16. (a) Informant's own signature FATHER Q.B. SWEE	d). adoptsy	be charged statistically
	22. If death was due to make	
17. (a) Burial, Cremation or Removal	22. If death was due to external causes, fill in the following: (a) Accident, suicide or homicide (specify)	
(b) Place Melenwayer July 23.19 15	(b) Date of occurrence	
18. (a) Embalmer's Signature	(c) Where did injury occur?	**********
(b) Funeral Director	(d) Did injury occur in or about home, on farm, in industrial place	(State)
(c) Address 617 N. Central Ave.	public place?	, in
19. (a) 1945 3 0 1945	While at works (Specify type of place) While at works (Specify type of place)	1
Date ryceivel local Registrati)	23. Signature	1/1
(b) (Registrer's Signature)		0
• 40M—100% Rag—6-10-44	Date signed.	8716
The state of the control of the cont		1 19